

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
 or **FAX** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 3 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

**CURRENT CORRESPONDENCE ADDRESS** (Please Use Block 1 for any change of address)

10022 7590 04/10/2006

**SNELL & WILMER**  
**ONE ARIZONA CENTER**  
**400 EAST VAN BUREN**  
**PHOENIX, AZ 850040001**

**Note:** A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

**Kim L. Brown** (Depositor's name)  
**Kim L. Brown** (Signature)  
**June 16, 2006** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/710,993	08/16/2004	Kernston A. Tobbs	41821.0938	4092

**TITLE OF INVENTION: INTEGRATED HIGH THROUGHPUT SYSTEM FOR THE ANALYSIS OF BIOMOLECULES**

APPL. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/19/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
THERKORN, ERNEST G	1723	210-100000	81 FC:1581	1488.00 DA	10710993
			82 FC:1584	388.00 DA	

**1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).**

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required.

**2. For printing on the patent front page, list**

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**1. Snell & Wilmer L.L.P.**

**2**

**3**

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

**Intrinsic Bioprobes, Inc.**

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

**Tempe, Arizona**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

**4a. The following fee(s) are enclosed:**

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

**4b. Payment of Fee(s):**

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number **19-2814** (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- ☐ a. Applicant claims **SMALL ENTITY** status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming **SMALL ENTITY** status. See 37 CFR 1.27(g)(2).

**The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.**

**Authorized Signature**

*Laura J. Zeman*

**Date** **June 16, 2006**

**Typed or printed name**

**Laura J. Zeman**

**Registration No.** **36,078**

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 01/06) Approved for use through 04/30/2007.

OMB 0631-0033

U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

PAGE 2/3 \* RCVD AT 6/16/2006 6:48:57 PM (Eastern Daylight Time) \* SVR:USPTO-EFXXF-2/9 \* DNS:2732885 \* CSID:602 382 6070 \* DURATION (mm:ss):01:48

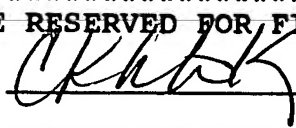
06/16/2006 06/16/2007 CRHL0K  
 19-2814-2 00000007 192814 10710993  
 1400.00 CR

**BEST AVAILABLE COPY**

06/16/2006 06/16/2007 CRHL0K  
 19-2814-2 00000003 192814 10710993

100-00 DA

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND									
1 Date of Request: <u>05/05/07</u>				2 Serial/Patent # <u>10/710,993</u>					
3 Please refund the following fee(s):				4 PAPER NUMBER		5 DATE FILED		6 AMOUNT	
	Filing							\$	
	Amendment							\$	
	Extension of Time							\$	
	Notice of Appeal/Appeal							\$	
	Petition							\$	
X	Issue					06/16/06		\$ 700.00	
	Cert of Correction/Terminal Disc.							\$	
	Maintenance							\$	
	Assignment							\$	
	Other							\$	
				7 TOTAL AMOUNT OF REFUND				\$ 700.00	
				8 TO BE REFUNDED BY:					
10 REASON:				Treasury Check					
X	Overpayment			X	Credit Deposit A/C #:				
	Duplicate Payment			<div style="border: 1px solid black; display: inline-block; padding: 2px;">             1 9 -- 2 8 1 4           </div>					
	No Fee Due (Explanation):								
11 REFUND REQUESTED BY:									
TYPED/PRINTED NAME: <u>Shirene Willis Brantley</u> TITLE: <u>Petitions Attorney</u> SIGNATURE: <u>/SWB/</u> PHONE: <u>571 272-3230</u> OFFICE: <u>Office of Petitions</u>									
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: <u></u> DATE: <u>5/19/07</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*